

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Account Number: FCA000000023
Phone: (850)222-1092
SNOLLY BOOK FAX Number: (850)222-9428

REGISTERED AGENT CHANGE

THE NATIONAL ABANDONED PROPERTY PROCESSING CORPORATI

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

FT.006 - 09/17/01 C T System Online

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502		
the undersigned corporation organized under the laws of th submits the following statement in order to change its regis the State of Florida.		
1. The name of the corporation: The National Abandoned Property Processing Corporation		
2. The mailing address of the corporation: 17 State Street, 26th	1 Floor, New York, NY 10004	
3. Date of incorporation/qualification: 11/04/91	Document number: P36170	
4. The name and address of the current registered agent and	office:	
THE PRENTICE-HALL CORPORATION SYSTE	M, INC.	
1201 HAYES STREET, STE 105	TO SEE	
TALLAHASSEE FL 32301		
5. The name and address of the new registered agent (if char (P. O. Box Not Accep	aged) and/or registered office (if changed);	
CT Corporation System		
c/o C T Corporation System, 1200 South Pine Island	1 Road,	
Plantation, Florida 33324		
The street address of its registered office and the street add agent, as changed, will be identical.	ress of the business office of its registered	
Such change was authorized by resolution duly adopted by authorized by the board.	its board of directors or by an officer so	
(Signature of an officer, chairman or vice chairman of the board)	(e/23/07 (Date)	
William L. Deckelman, Jr., Secretary		
(Printed or typed name and title)	to account to the state of the state of	
Having been named as registered agent and to accept serv corporation, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes performance of my duties, and I am familiar with and acceptable and the complex of the complex control of the con	ice of process for the above stated lagent and agree to act in this capacity, relative to the proper and complete pt the obligation of my position as	
registerett agent. CT compration System	alastina.	
(Signature of Registered Agent)	6/20/2015	
If signing on behalf of an entity:	•	
Mark Holloway	Assistant Secretary	
(Typed or Printed Name)	(Capacity)	
* * * FILING FEE: \$35	.00 * * *	
CR2E045(9/00) DIVISION OF CORPORATIONS P.O. BOY 5727	Tarrawadem: W 27314	

TOTAL P.02